



**Testimony of the Connecticut Children's Medical Center
to the Public Health Committee regarding
House Bill 5384 An Act Concerning Reports of Nurse Staffing Levels
March 5, 2014**

Senator Gerratana, Representative Johnson, members of the Public Health Committee, thank you for the opportunity to share my thoughts about *House Bill 5384 An Act Concerning Reports of Nurse Staffing Levels*. My name is Cheryl Hoey, RN, and I am Vice President of Clinical Services and Chief Nursing Officer at the Connecticut Children's Medical Center. I am submitting this testimony in opposition to House Bill 5384.

Connecticut Children's is the only hospital in the state that cares exclusively for children and it is a critical asset to all of us in Connecticut. As a center for vital research, a pioneer in new treatments, a trailblazer in advanced technology, and a teacher of future pediatric professionals, Connecticut Children's is advancing the health and wellness of all of our children, and fostering a healthier future for our state.

All children should have the health care they need to grow and learn. Connecticut Children's offers the full spectrum of pediatric medical care to children from each of Connecticut's 169 cities and towns. On a typical day at Connecticut Children's more than 1,200 patients will walk through our doors, more than 153 children will visit the Emergency Department, and more than 40 children will undergo surgery.

We oppose HB 5384 because it would create an unnecessary administrative burden and have no meaningful effect on the provision of safe, quality patient care. The reporting that would be mandated by HB 5384, which focuses on a gross numeric staff-to-patient ratio, would not reflect the complexity and dynamic nature of hospital staffing and would provide no insight on or benchmark for improvements.

Like all hospitals in the State, Connecticut Children's is committed to providing the highest quality care to achieve optimal patient outcomes. We are intensely engaged in building and sustaining an organizational culture of safety and we employ high reliability strategies and evidence based practices to prevent patient care complications and ensure the best patient experience. Nurses are integral to the success of these initiatives, as they work within multidisciplinary teams to prevent care complications and ensure the best patient experience.

Nursing professionals develop staffing plans utilizing multiple sources of information with a focus on achieving positive patient outcomes. On a daily and hour-to-hour basis, they continuously assess patient care needs and consider a wide range of factors that go beyond numbers and ratios to make staffing decisions. Some examples include patient-specific factors such as the severity and urgency of a patient's condition, age, cognitive and functional ability, scheduled procedures, and stage of recovery. Staff-specific factors such as licensure, educational preparation, skill level, years of experience, tenure

on the patient unit, and level of experience with a particular type of patient care are considered. These elements are not captured by simply counting the total number of patients and the total number of staff at any level.

In addition, consideration is given to situational factors such as technology needs and availability, and physical layout of the patient care unit. The assessment of a combination of these factors and the judgment required to make staffing decisions cannot be articulated in a quarterly report.

To accommodate changes in census, acuity, and the specific care needs of patients, hospital staffing levels and skill mix are constantly adjusted throughout the day. Quarterly reporting of numbers and ratios cannot provide an accurate reflection of actual staffing levels. In addition, and most important, numbers alone are not reliable indicators of quality, and there is no scientific evidence to support a specific optimum nurse-to-patient ratio for acute care hospitals.

We believe that passage of HB 5384 would not further meaningful accomplishment of patient care quality goals and that the public is better served through initiatives directed toward achieving positive patient outcomes. We urge this Committee to support initiatives that meaningfully contribute to adequate resources for the provision of quality care, rather than impose an unnecessary administrative burden on hospitals that will only draw upon the precious time of staff members who we need focused on patient care.

Connecticut Children's will continue to work with state agencies, healthcare providers, and educational institutions to ensure that Connecticut's children receive the best care in the midst of healthcare transformation, workforce shortages, and limited resources.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Jane Baird, Connecticut Children's Director of Government Relations, at 860-837-5557.